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CONFIRMATION NO. 5867

<b>SERIAL NUMBER</b> 10/713,790	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> B0801.70255US01	
<b>APPLICANTS</b> Gerald B. Pier, Brookline, MA; Tomas Maira-Litran, Brookline, MA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/425,425 11/12/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/19/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23628					
<b>TITLE</b> Polysaccharide vaccine for staphylococcal infections					
<b>FILING FEE RECEIVED</b> 603	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		